

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3				1		
4						
5		4		1		
6		4		1		
7		4		1		
8		4		1		
9		4		1		
10		4		1		
11		4		1		
12		4		1		
13		4		1		
14		4		1		
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49						
50						
TOTAL IND.			2			
TOTAL DEP.			13			
TOTAL CLAIMS			15			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.			2			
TOTAL DEP.			13			
TOTAL CLAIMS			15			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS